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#### KENTUCKY TRANSPORTATION CABINET

TC 12-268 Rev. 11/2012 Instructions

### CIVIL ENGINEERING TECHNOLOGY SCHOLARSHIP APPLICATION

#### INSTRUCTIONS

Freshman applicants must submit (1) the completed application, (2) a copy of their official high school transcript, (3) a copy of their official ACT score report (if the ACT score is not shown on the transcript) or COMPASS scores, (4) two letters of recommendation from a guidance counselor, principal, mathematics teacher, or science teacher, and (5) a short essay describing the applicant's interest in a career in civil engineering technology with the Transportation Cabinet. The essay must be typed double-spaced using a 12-point font. The student should indicate on the application which campus they are applying to: BCTC or BSCTC.

**Sophomore applicants** must submit (1) the completed application, (2) their official college transcript, (3) two letters of recommendation from college instructors, and (4) a short essay describing the applicant's interest in a career in civil engineering technology with the Transportation Cabinet. The essay must be typed double-spaced using a 12-point font. Applicants should indicate on the application which campus they are attending: BCTC or BSCTC.

The scholarship application packet must be submitted on or before **MARCH 1** to:

Kentucky Transportation Cabinet
Office of Human Resource Management
Scholarship Coordinator
200 Mero Street, 6<sup>th</sup> Floor West
Frankfort KY 40622

**NOTE:** <u>Do not</u> submit the scholarship application to the University's Admission Office with the application for admission.

Applications that are incomplete, fail to have the required supporting materials, or are received after March 1 will not be considered.

### KENTUCKY TRANSPORTATION CABINET

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## CIVIL ENGINEERING TECHNOLOGY SCHOLARSHIP APPLICATION

SECTION 1: APPLICANT INFO FIRST NAME		LAST NAME				SSN			
AAILING ADDRESS		CITY			STATE	ZIP			
HOME COUNTY	PHONE		EMAIL			BIRTH DATE			
SECTION 2: PARENT, GUARD	IAN OR SDO	OLISE INFO	 RMATIC	)NI					
FIRST NAME		LAST NAME		<b>714</b>					
MAILING ADDRESS		CITY				STATE	ZIP		
SECTION 3: HIGH SCHOOL IN	FORMATIO	 N							
NAME		•		GUIDANCE C	OUNSELOF	R (name)			
ADDRESS		CITY				STATE	ZIP		
PHONE		# OF STUDENTS IN GRADUATING CLASS			YOUR RANK				
SECTION 4: COURSE INFORMAT	TION (List co	urse arades f	or the fall	owina classes	iou have co	mnleted	)		
Math Scores		ourse grades for the following classes you ha Algebra I Algebra II F				-Calculus Calculus			
ACT Scores		Overall	∕lath	Scien	Science				
Compass Scores					•				
	turn by Marc	h 1.							
All applicants must sign and re				DATE					
All applicants must sign and ref				DATE					
SIGNATURE	OR STATISTIC	CAL PURPOS							
	OR STATISTIC	CAL PURPOS						SEX	AGE